

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

GRANT LALLY FOR CONGRESS, INC.

ADDRESS (number and street)

734 FRANKLIN AVENUE

SUITE 2806

Check if different
than previously
reported. (ACC)

GARDEN CITY

NY

11501

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00557900

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

NY

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 / 24 / 2014in the
State of

NY

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2014

through

M M / D D / Y Y Y Y
06 / 04 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CHRISTOPHER NOLAN

Signature of Treasurer

CHRISTOPHER NOLAN

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 17 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 35

Write or Type Committee Name

GRANT LALLY FOR CONGRESS, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	31652.96	52243.57
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	31652.96	52243.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18926.45	24072.82
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	18926.45	24072.82
8. Cash on Hand at Close of Reporting Period (from Line 27)	28170.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 35

Write or Type Committee Name

GRANT LALLY FOR CONGRESS, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

19000.00

37600.00

(ii) Unitemized.....

5260.00

5609.42

(iii) TOTAL of contributions from individuals ▶

24260.00

43209.42

(b) Political Party Committees.....

650.00

650.00

(c) Other Political Committees (such as PACs).....

950.00

950.00

(d) The Candidate.....

5792.96

7434.15

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

31652.96

52243.57

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

31652.96

52243.57

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 35

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18926.45	24072.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	18926.45	24072.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15444.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31652.96
25. SUBTOTAL (add Line 23 and Line 24).....	47097.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18926.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28170.75

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 35

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

JALALUDDOEN ALLI**A.**

Mailing Address 57 VIRGINIA STREET

City

SOUTH OZONE PARK

State

NY

Zip Code

11580

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHMAD CLEANERSOccupation
OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

FRANCIS AMMENDOLEA**B.**

Mailing Address 890 HANCOCK AVENUE

City

FRANKLIN SQUARE

State

NY

Zip Code

11010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NICOLINI, PARADISE, FERRETTIOccupation
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

KARA BELORESHKA**C.**

Mailing Address 30 DUNNELL RD

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
Unemployed

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Transaction ID : SA11AI.4290

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

1750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CATHERINE BLACK

A.

Mailing Address 68 WALTER AVENUE

City

HICKSVILLE

State

NY

Zip Code

11801

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIU POST

Occupation

GRADUATE COUNSELOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.4318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

LANCE BONDY

B.

Mailing Address 3391 SE COURT DRIVE

City

STUART

State

FL

Zip Code

34997

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

PATRICK BURNS

C.

Mailing Address 415 N CAMDEN DR
223

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAW OFFICES OF PATRICK BURNS JR

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2014

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MARK CANNON**A.**

Mailing Address 34 MOODY PLACE

City

STATEN ISLAND

State

NY

Zip Code

10310

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYS AG

Occupation

ASSISTANT ATTORNEY GENERAL

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MAUREEN J DALY**B.**

Mailing Address 334 76 STREET

City

BROOKLYN

State

NY

Zip Code

11209

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Transaction ID : SA11AI.4340

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

JOHN DIMASCIO**C.**

Mailing Address 8 TOWER RD

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTOTNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2014

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

EDWARD GREEN

A.

Mailing Address 62 SHADYSIDE AVENUE

City

PORT WASHINGTON

State

NY

Zip Code

11050

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ACCOUNTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

MARY HAUPTMAN

B.

Mailing Address 13 WINCHESTER DRIVE

City

MUTTONTOWN

State

NY

Zip Code

11545

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAUPTMAN REALTY

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

KIRAN HEER

C.

Mailing Address 107 BENGLEYFIELD DRIVE

City

EAST WILLISTON

State

NY

Zip Code

11596

FEC ID number of contributing
federal political committee.

C

Name of Employer

WELLPOINT

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : SA11AI.4381

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WILLIAM HETZLER

A.

Mailing Address 1435 BAY BLVD.

City

ATLANTIC BEACH

State

NY

Zip Code

11509

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.4304

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

WILLIAM HETZLER

B.

Mailing Address 1435 BAY BLVD.

City

ATLANTIC BEACH

State

NY

Zip Code

11509

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

KRISTINA HEUSER

C.

Mailing Address 8 TOWER RD

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer
KRISTINA S. HEUSER, PC.Occupation
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WILLIAM KAVAN

A.

Mailing Address 117 BRIXTON RD

City

GARDEN CITY

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

ROBERT KIMBALL

B.

Mailing Address 4331 HAZY MEADOW LANE

City

GRAPEVINE

State

TX

Zip Code

76051

FEC ID number of contributing
federal political committee.

C

Name of Employer

USDOJ

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

THOMAS LONG

C.

Mailing Address 6 B 219 STREET

City

BREEZY POINT

State

NY

Zip Code

11697

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ANITA MACDOUGALL**A.**

Mailing Address 98 BLAIR RD EAST

City

OYSTER BAY

State

NY

Zip Code

11771

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

TIMOTHY MAGUIRE**B.**

Mailing Address 67 BEARFORT ROAD

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing
federal political committee.

C

Name of Employer

USDHS

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

WILLIAM MAHLAN**C.**

Mailing Address 17 HUCKLEBERRY LN

City

OYSTER BAY

State

NY

Zip Code

11771

FEC ID number of contributing
federal political committee.

C

Name of Employer

JONES, HIRSCH CONNORS

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		10		2014

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FRANCIS MCQUADE

A.

Mailing Address 573 MAGNOLIA BLVD

City

LONG BEACH

State

NY

Zip Code

11561

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

KAOLA MISIR

B.

Mailing Address 120 WHEELER AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10314

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

LATCHMAN MISRA

C.

Mailing Address 138-31 LLOYD ROAD

City

JAMAICA

State

NY

Zip Code

11435

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYS HOUSING

Occupation

INSPECTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SA11AI.4386

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

NEVILE NANDLALL**A.**

Mailing Address 4918 NW 48TH AVENUE

City

TAMARAC

State

FL

Zip Code

33319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Letter sent requesting Info

Occupation

Info request sent

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SA11AI.4377

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ROBERT NORI**B.**

Mailing Address 51 YALE STREET

City

GARDEN CITY

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

FRANCIS OSTRONIC**C.**Mailing Address 101 KING FARM BLVD
D 402

City

ROCKVILLE

State

MD

Zip Code

20850

FEC ID number of contributing
federal political committee.

C

Name of Employer

US PHARMACIA INTERNATIONAL

Occupation

DIRECTOR

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

2000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

KHAMEDAT PERSAUD**A.**

Mailing Address 3311 RIVERLAND RD

City

FORT LAUDERDALE

State

FL

Zip Code

33004

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOWARD GOST

Occupation

PROJECT MANAGER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		20		2014

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

CHRISTOPHER RUDDY**B.**Mailing Address 560 VILLAGE BLVD
SUITE 120

City

WEST PALM BEACH

State

FL

Zip Code

33409

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEWSMAX MEDIA

Occupation

CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MUNISHWAR SHARMA**C.**

Mailing Address 138-58 102ND AVENUE

City

JAMAICA

State

NY

Zip Code

11435

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

CONTRACTOR

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

KULWANT SINGH**A.**

Mailing Address 9411-120TH STREET

City

RICHMOND HILL

State

NY

Zip Code

11419

FEC ID number of contributing
federal political committee.

C

Name of Employer

FEC form sent requesting info

Occupation

Request for info sent

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SA11AI.4369

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

OWEN SMITH**B.**

Mailing Address 1300 RIDGE ROAD

City

LAUREL HOLLOW

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILLERIDGE INN

Occupation

PROPRIETOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

NORWIN WOLFF**C.**

Mailing Address P O BOX 344

City

MARSHFIELD

State

MA

Zip Code

02051

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTERPOLYMER

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MICHAEL ZUMMO

A.

Mailing Address 101 ARIZONA AVENUE

City

LONG BEACH

State

NY

Zip Code

11561

FEC ID number of contributing
federal political committee.

C

Name of Employer
LALLY & MISIR, LLPOccupation
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MICHAEL ZUMMO

B.

Mailing Address 101 ARIZONA AVENUE

City

LONG BEACH

State

NY

Zip Code

11561

FEC ID number of contributing
federal political committee.

C

Name of Employer
LALLY & MISIR, LLPOccupation
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

19000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 35

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CONSERVATIVE PARTY OF NYS

Mailing Address 486 78TH STREET

City

FORT HAMILTON STATION

State

NY

Zip Code

11209

FEC ID number of contributing
federal political committee.

C c00282343

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11B.4347

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

RONALD REAGAN REPUBLICAN ASSEMBLIES

Mailing Address 3901 E COLONIAL DR.

STE G

City

ORLANDO

State

FL

Zip Code

32803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

150.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11B.4327

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

650.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 35

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BETTER LONG ISLAND POLITICAL ACTION COMMITTEE

Mailing Address 150 MOTOR PARKWAY

City

HAPPAUGUE

State

NY

Zip Code

11788

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SA11C.4389

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT DAVID REILLY

Mailing Address 2 CORRAL LN

City

EAST NORTHPORT

State

NY

Zip Code

11731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		04		2014

Transaction ID : SA11C.4260

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

GLEN COVE REPUBLICAN COMMITTEE

Mailing Address P O BOX 207

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : SA11C.4365

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

950.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 35

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

GRANT M LALLY

A.

Mailing Address 3 OAKWOOD DRIVE

City

LLOYD HARBOR

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C H4NY05056

Name of Employer

LALLY & MISIR, LLP

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2434.15

Date of Receipt

04 / **15** / **2014**

Transaction ID : SA11D.4681

Amount of Each Receipt this Period

792.96

In-kind - Purchase of computer equipment. Vendor
Micro Center

Full Name (Last, First, Middle Initial)

GRANT M LALLY

B.

Mailing Address 3 OAKWOOD DRIVE

City

LLOYD HARBOR

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C H4NY05056

Name of Employer

LALLY & MISIR, LLP

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7434.15

Date of Receipt

06 / **04** / **2014**

Transaction ID : SA11D.4354

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

06 / **04** / **2014**

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5792.96

5792.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. A & M SUPPLIES NETWORK INC

Mailing Address P O BOX 141

City	State	Zip Code
EAST MEADOW	NY	11554

Purpose of Disbursement
CAMPAIGN SIGNS

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

2805.24

Transaction ID : SB17.4467

B. ANCONA

Mailing Address 220 OLD COUNTRY ROAD

City	State	Zip Code
MINEOLA	NY	11501

Purpose of Disbursement
RENT

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4422

C. ANCONA

Mailing Address 220 OLD COUNTRY ROAD

City	State	Zip Code
MINEOLA	NY	11501

Purpose of Disbursement
RENT

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4461

SUBTOTAL of Disbursements This Page (optional).....

4805.24

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. JANNETTE BYRNES

Mailing Address 38 CROFT LANE

City	State	Zip Code
SMITHTOWN	NY	11787

Purpose of Disbursement
Reimburse Volunteer for Office Supply purchases

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

263.85

Transaction ID : SB17.4510

B. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

City	State	Zip Code
WESTBURY	NY	11590

Purpose of Disbursement
Reimburse Volunteer for Office Supply Purchase

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

118.35

Transaction ID : SB17.4510.2

[MEMO ITEM]

C. JANNETTE BYRNES

Mailing Address 38 CROFT LANE

City	State	Zip Code
SMITHTOWN	NY	11787

Purpose of Disbursement
Reimburse Volunteer for Office Supply Purchase

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

169.70

Transaction ID : SB17.4456

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

433.55

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB17

Transaction ID : SB17.4510.2

Reimburse Volunteer for Purchase of office Supplies

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. JANNETTE BYRNES

Mailing Address 38 CROFT LANE

City	State	Zip Code
SMITHTOWN	NY	11787

Purpose of Disbursement
Reimburse Volunteer for office supply purchase

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

97.13

Transaction ID : SB17.4496

B. COSTCO

Mailing Address 10 GARETT PLACE

City	State	Zip Code
COMMACK	NY	11725

Purpose of Disbursement
SUPPLIES FOR VOLUNTEERS

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

66.09

Transaction ID : SB17.4496.1

[MEMO ITEM]

C. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

City	State	Zip Code
WESTBURY	NY	11590

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

13.67

Transaction ID : SB17.4496.2

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

97.13

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: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB17

Transaction ID : SB17.4496.1

Reimburse Volunteer for Office Supply Purchase

Form/Schedule: SB17

Transaction ID: SB17.4496.2

Reimburse volunteer for office supply purchase.

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. JANNETTE BYRNES

Mailing Address 38 CROFT LANE

City	State	Zip Code
SMITHTOWN	NY	11787

Purpose of Disbursement
Reimburse Volunteer for Office Supply Purchase

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

21.32

Transaction ID : SB17.4493

B. JANNETTE BYRNES

Mailing Address 38 CROFT LANE

City	State	Zip Code
SMITHTOWN	NY	11787

Purpose of Disbursement
Reimburse Volunteer for Office Supply Purchase

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

115.09

Transaction ID : SB17.4502

C. COSTCO

Mailing Address 10 GARETT PLACE

City	State	Zip Code
COMMACK	NY	11725

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

40.22

Transaction ID : SB17.4502.0

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

136.41

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HESS

Mailing Address 522 SMITHTOWN BY PASS

City	State	Zip Code
HAUPAUGUE	NY	11787

Purpose of Disbursement
GAS FOR J. BYRNES VOLUNTEER

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2014

Amount of Each Disbursement this Period

74.87

Transaction ID : SB17.4502.1

[MEMO ITEM]**B. JANNETTE BYRNES**

Mailing Address 38 CROFT LANE

City	State	Zip Code
SMITHTOWN	NY	11787

Purpose of Disbursement
REIMBURSE VOLUNTEER - original vendor < \$200

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

17.14

Transaction ID : SB17.4491

C. COSTCO

Mailing Address 10 GARETT PLACE

City	State	Zip Code
COMMACK	NY	11725

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

17.14

Transaction ID : SB17.4491.0

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17.14

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CROWDER ASSOCIATES

Mailing Address 42 OAKLAND STREET

City	State	Zip Code
ROCHESTER	NY	14620

Purpose of Disbursement
WEBSITE

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 24 / 2014

Amount of Each Disbursement this Period

1498.00

Transaction ID : SB17.4425

B. FACEBOOK

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
Ads

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 30 / 2014

Amount of Each Disbursement this Period

50.33

Transaction ID : SB17.4446

C. FACEBOOK

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
Ads

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 02 / 2014

Amount of Each Disbursement this Period

7.22

Transaction ID : SB17.4449

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1555.55

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HUNTINGTON REPUBLICAN COMMITTEE

Mailing Address 739 PARK AVENUE

City	State	Zip Code
HUNTINGTON	NY	11743

Purpose of Disbursement
REIMBURSEMENT OF EVENT EXPENSES

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

678.19

Transaction ID : SB17.4477

B. CORRINES CONCEPTS IN CATERING

Mailing Address 845 EAST JERICO TURNPIKE

City	State	Zip Code
HUNTINGTON STATION	NY	11746

Purpose of Disbursement
EVENT FOOD

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

597.44

Transaction ID : SB17.4477.2

[MEMO ITEM]

C. GRANT M LALLY

Mailing Address 3 OAKWOOD DRIVE

City	State	Zip Code
LLOYD HARBOR	NY	11743

Purpose of Disbursement
In-kind - Purchase of computer equipment. Vendor Micro CenterCategory/
Type

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

792.96

Transaction ID : SB17.4682

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1471.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MCGUIRE WOODSMailing Address 2001 K STREET NW
SUITE 400

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
Legal fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4447

B. MICRO CENTER

Mailing Address 655 MERRICK AVENUE

City WESTBURY State NY Zip Code 11590

Purpose of Disbursement
Grant Lally In kind- Purchased Computer equipment

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

792.96

Transaction ID : SB17.4684

[MEMO ITEM]

C. OPTIMUM COMMUNICATIONS

Mailing Address 6 CORPORATE CENTER DRIVE

City MELVILLE State NY Zip Code 11747

Purpose of Disbursement
Utilities: Phone, Cable internet

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

169.70

Transaction ID : SB17.4451

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1169.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. PALADINO PRINTING

Mailing Address 200-09 32ND AVENUE

City	State	Zip Code
BAYSIDE	NY	11361

Purpose of Disbursement
PALM CARDS

006

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 14 / 2014

Amount of Each Disbursement this Period

707.69

Transaction ID : SB17.4411

B. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

City	State	Zip Code
WESTBURY	NY	11590

Purpose of Disbursement
OFFICE SUPPLIESCategory/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 11 / 2014

Amount of Each Disbursement this Period

612.16

Transaction ID : SB17.4400

C. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

City	State	Zip Code
WESTBURY	NY	11590

Purpose of Disbursement
OFFICE SUPPLIES

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 17 / 2014

Amount of Each Disbursement this Period

253.88

Transaction ID : SB17.4418

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1573.73

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

City	State	Zip Code
WESTBURY	NY	11590

Amount of Each Disbursement this Period

46.69

Purpose of Disbursement
Office Supplies

001

Transaction ID : SB17.4423

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

City	State	Zip Code
WESTBURY	NY	11590

Amount of Each Disbursement this Period

109.39

Purpose of Disbursement
OFFICE SUPPLIES

001

Transaction ID : SB17.4427

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

City	State	Zip Code
WESTBURY	NY	11590

Amount of Each Disbursement this Period

128.50

Purpose of Disbursement
Office Supplies

001

Transaction ID : SB17.4455

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

284.58

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

City	State	Zip Code
WESTBURY	NY	11590

Amount of Each Disbursement this Period

35.42

Purpose of Disbursement
Office Supplies

001

Transaction ID : SB17.4490

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

City	State	Zip Code
WESTBURY	NY	11590

Amount of Each Disbursement this Period

38.01

Purpose of Disbursement
Office Supplies

001

Transaction ID : SB17.4507

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. SUFFOLK LOCK & SECURITY

Mailing Address 430 WEST MONTAUK HWY.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

City	State	Zip Code
LINDENHURST	NY	11757

Amount of Each Disbursement this Period

993.86

Purpose of Disbursement
LOCKS & KEYS for Campaign HQ

001

Transaction ID : SB17.4463

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1067.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 35

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. DAVENPORT PRESS

Mailing Address 70 MAIN STREET

City	State	Zip Code
MINEOLA	NY	11501

Purpose of Disbursement
CAMAPAGN RECEPTION

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

925.00

Transaction ID : SB17.4482.0

[MEMO ITEM]**B. ZYTA GROUP**

Mailing Address 129 OAKWOOD DRIVE

City	State	Zip Code
SYOSSET	NY	11791

Purpose of Disbursement
WEBSITE

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

1886.74

Transaction ID : SB17.4465

C. ZYTA GROUP

Mailing Address 129 OAKWOOD DRIVE

City	State	Zip Code
SYOSSET	NY	11791

Purpose of Disbursement
WEBSITE & SOCIAL MEDIA

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

685.45

Transaction ID : SB17.4505

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2572.19

17206.66

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 OF 35

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BERKE / FARAH, LLP

Nature of Debt (Purpose):

FEES FOR LEGAL SERVICESMailing Address 2101 L STREET
SUITE 1000City State Zip Code
WASHINGTON DC 20087

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5189

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

1000.00

2) **TOTALS** This Period (last page this line number only)

1000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1000.00